## STATEMENT OF

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FORM 1	ORGANIZATION					Office Use Only			
1. NAME OF COMMITTEE (in	full)	(Check if		Example:If typover the lines		12FE4M5		Silly	
LOUIS DRE		is change				AL ACTION	ON CO	MMITT	EE
ADDRESS (number and street)		1200 G STREET N	IW SUITE 800	)					
(Check if address is changed)					1 1 1 1				
is changed	')	WASHINGTON CITY A				DC STATE A	20005	ZIP CODE A	
COMMITTEE'S E-MA	JI ADDRES	-				SIAIL	•	EIF CODE	
(Check if address is changed)		treasurer@lou	isdreyfusco	ommoditiesllo	cpac.com				
		Optional Second corey.rubin@							
COMMITTEE'S WEB  (Check if a is changed	address	RESS (URL)	1 1 1 1						
2. DATE 09		2014	Y						
3. FEC IDENTIFIC	CATION NUI	MBER ▶	C C004	192363					
4. IS THIS STATEN	IENT	NEW (N)	OR	× AME	NDED (A)				
I certify that I have e	examined this	Statement and to	the best of	my knowledge	and belief it	is true, correct	and comple	te.	
Type or Print Name of	of Treasurer	Corey Rubin							
Signature of Treasurer  **Corey Rubin** [Electronically Filed]						Date 05	M / D D D 27	201	4 Y
NOTE: Submission of		ous, or incomplete in						of 2 U.S.C.	§437g.
Office Use Only				Federal Ele	r information control			FORM 1 ed 06/2012)	